

Health Care Providers and WIC: Providing Better Nutrition for Brighter Futures

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Agenda

- Origins, History and WIC Program Basics
- WIC Program Legislation
- Maryland WIC Foods
- Provision of Formula for Infants
- Maryland WIC Medical Documentation Form
- Provision of WIC-Eligible Nutritionals to Women and Children
- The Zika Virus

Objectives

- 1) Provide a brief overview of the WIC Program, including WIC origins and benefits.
- 2) Summarize WIC Federal and State Policy and Procedure development to familiarize health care providers with the regulation process.
- 3) Discuss Maryland WIC Policy and Procedures 3.02 and 3.03 and the Medical Documentation Form.
- 4) Facilitate a method for communication between the Maryland WIC Program and Health Care Providers to help streamline the medical documentation process.

The WIC Program: Origins and History



"Others have questioned if hunger exists in our country; I can tell you that hunger does exist in this country. For many adults and children, going to sleep hungry is not a threat; it's a regular occurrence. And it must end."

~ Former USDA Secretary Mike Espy

The WIC Program: Federal Legislation

- **Started as an amendment to the Child Nutrition Act of 1966**
 - 1972: Pilot program, “*Special Supplemental **Food** Program*,”
 - 1975: Established as a permanent national program
- **Program is up for reauthorization every five years**
 - 2010: Reauthorization of The Child Nutrition Act of 1966: *Healthy Hunger Free Kids Act*
 - 2015- Reauthorization is still pending **Child Nutrition Reauthorization**

Federal Program Basics

WIC is not an entitlement program

- Congress does not set aside funds to allow every eligible individual to participate in the program
- **Funding is not guaranteed**

WIC is a Federal grant program

- Administered at the Federal level by United States Department of Agriculture (USDA)/ Food and Nutrition Services (FNS)
- Administered by 90 State agencies- includes all 50 states; the District of Columbia; 34 Indian Tribal Organizations; and 5 territories (Guam, Puerto Rico, US Virgin Islands, American Samoa and Northern Mariana Islands).



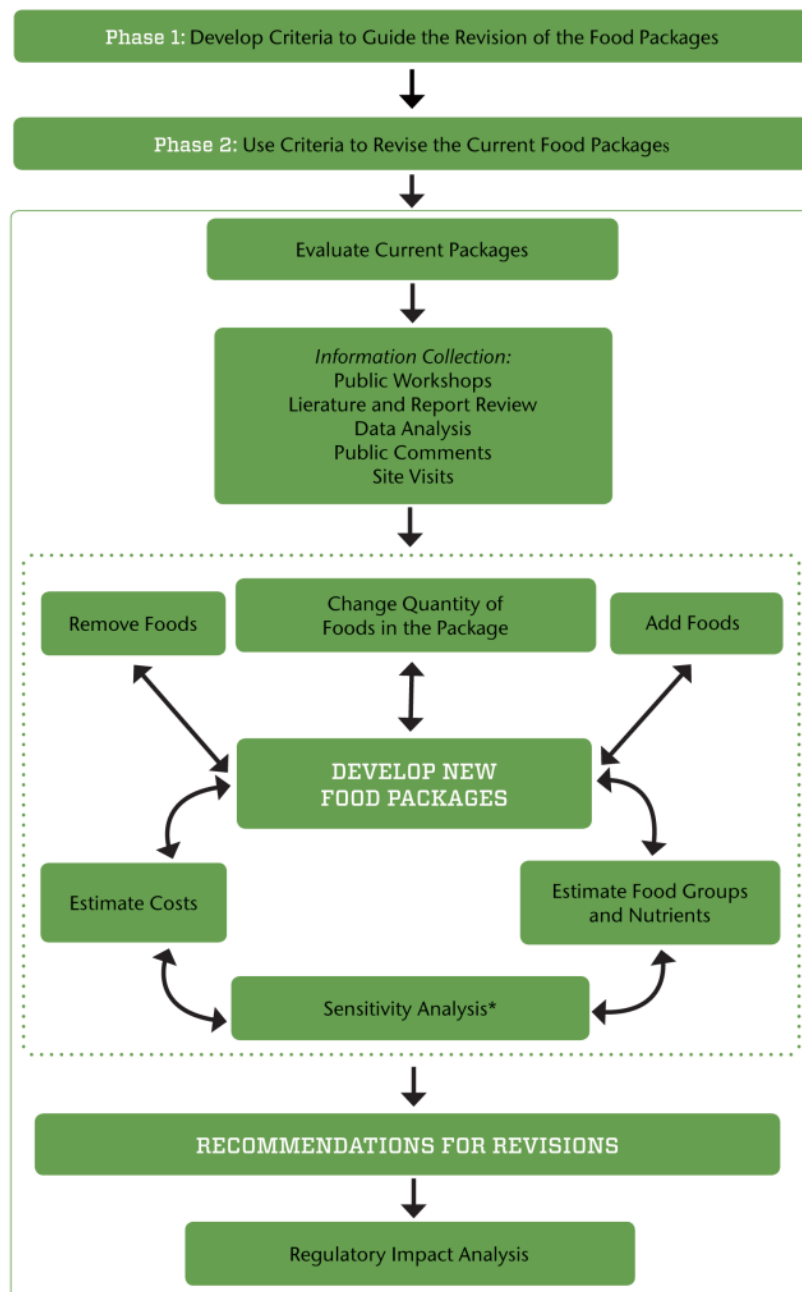


FIGURE 1 Process for revising the WIC food packages.

- **The Institute of Medicine (IOM)** is charged with reviewing the WIC food packages and making recommendations to the USDA's, Food and Nutrition Services (FNS)
- **FNS** reviews the recommendations and revises the Federal Register 7 CFR Part 246, accordingly.
- Open for public comment
- Congress has the authority to change any provisions

<http://www.nationalacademies.org/hmd/~media/Images/Report%20Images/2015/additional/WIC-Figure-1.jpg>

The WIC Program: State Legislation

- State WIC Programs must interpret the Federal Regulations and create Local Agency Policy and Procedures.
- FNS must review and accept State WIC Program Policy and Procedure before it may be implemented.
- Incorporated in to the Code of Maryland Regulations, (COMAR), the official compilation of all administrative regulations issued by agencies of the state of Maryland.
- State WIC staff is charged with disseminating information to the 300 WIC staff members at 18 different Local Agencies

The WIC Program: Cost-Effective

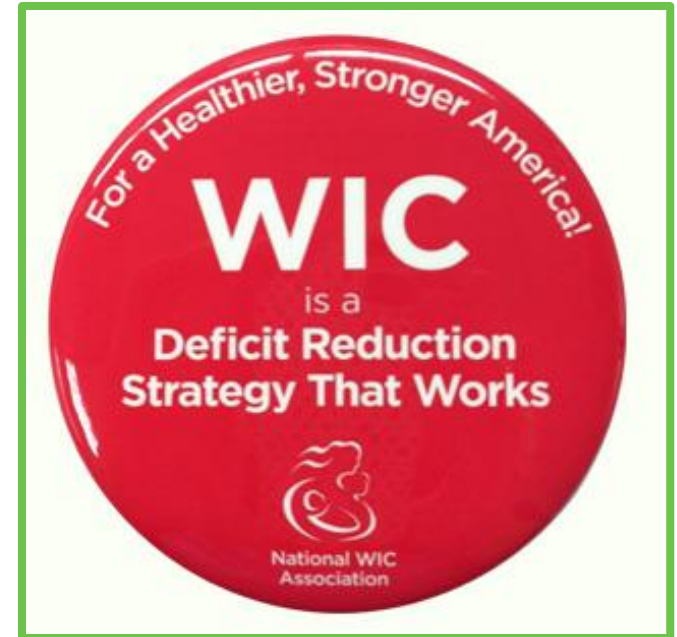


Health Care Costs:

- Spent on prenatal WIC participation saves \$1.77 to \$3.13 in Medicaid costs within the first 60 days after birth.

Tax Payer Savings:

- Spent on WIC benefits, returns an estimated \$3.50 over 18 years in discounted present value to Federal, State, local and private payers.



The WIC Program: Outcomes for Participants

Improved

- Birth Outcomes
- Diet and Diet-Related Outcomes
- Infant Feeding Practices
- Immunization Rates
- Cognitive Development
- Preconception Nutrition Status

Increased use of Medical Care

- Dental Care
- Hearing screening
- Immunizations
- Routine Preventative Care
- Well-child visits
- Prenatal Care Visits

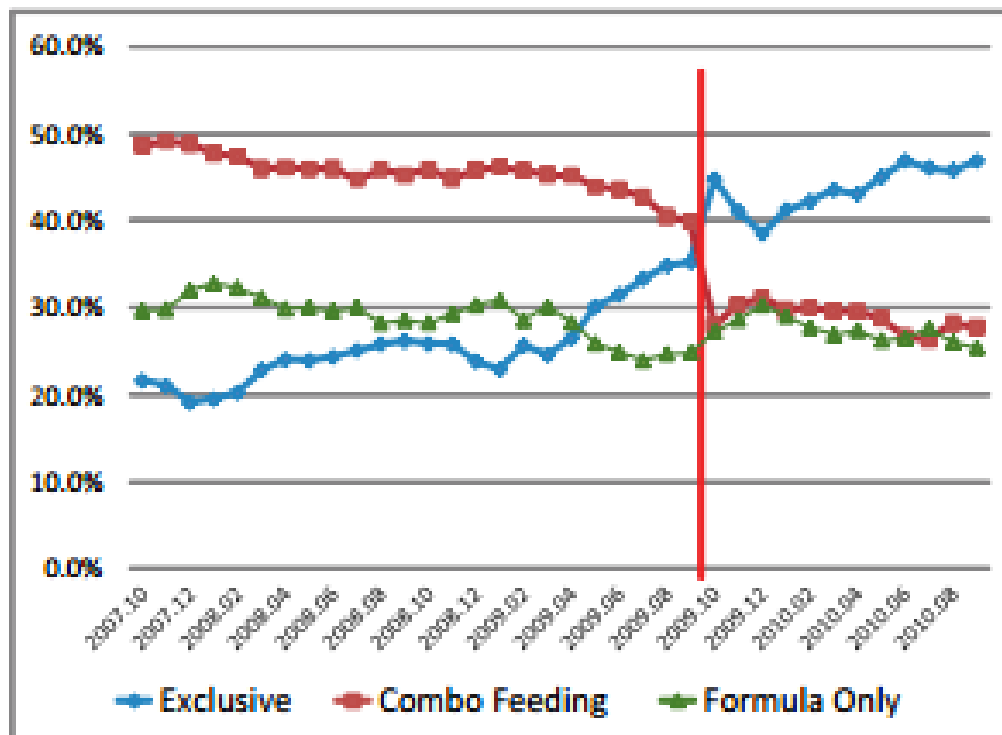
Lower Rates of

- Infant mortality
- Preterm births
- Low Birth Weight
- Iron-deficiency anemia

The WIC Program

New food packages

Breastfeeding Rates at Enrollment



Increased Consumption of Healthy WIC Foods

- non/low-fat milk, fresh produce, and whole grains

Increased availability of the new healthier WIC foods,

- especially in stores with just one or two cash registers

Improved breastfeeding rates:

- Increase in exclusive breastfeeding initiation and duration, with an associated decrease in formula supplementation.

The WIC Program: Eligibility

✓ **Category**

Women: Pregnant, Breastfeeding and Non-breastfeeding Postpartum;
Infants and **Children** (up until 5th birthday).

✓ **Residency**

Live in the area of the Local Agency they apply to

✓ **Income**

Up to 185% of poverty level includes adjunctive eligibility (documented participation in Medicaid, SNAP or TANF)

✓ **Nutrition Risk**

Medically or diet-based

The WIC Program: Mission

To assist eligible women, infants, & children to achieve improved nutrition and health status by providing

- ✓ **Nutrition Education,**
- ✓ **Breastfeeding Education and Support**
- ✓ **Selected Supplemental Foods, and**
- ✓ **Health Referrals**

in a caring, supportive environment.

The WIC Program: *National and State Impact*

Nationally:

- 53% of all infants in the U.S.
- 25% of children ages 1 – 4
- 8.03 million participants per month during FFY 2015*

In Maryland:

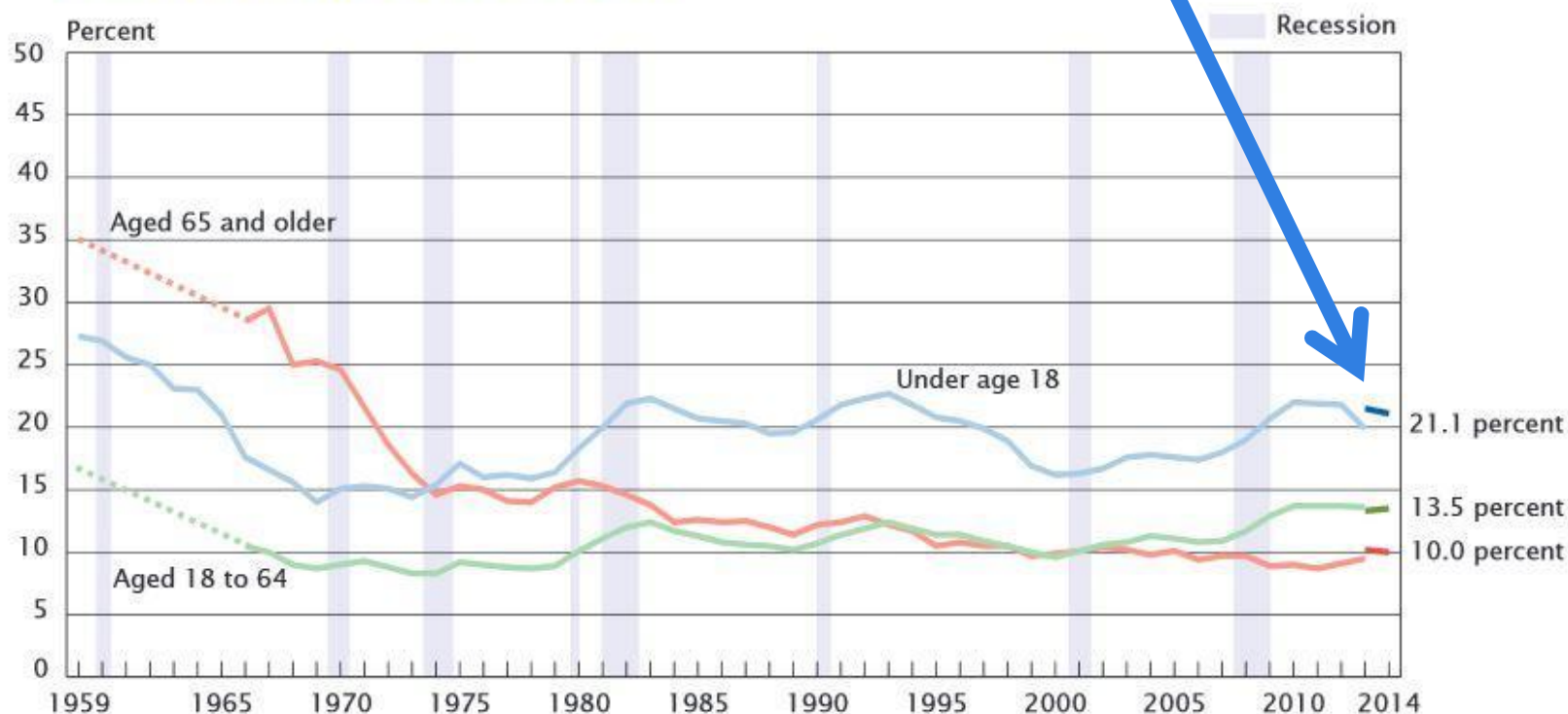
- 143,000 Marylanders receive WIC benefits each month
- Benefits redeemed at 1350 authorized WIC vendors
- Receive services through 18 local agencies, 87 clinic sites

*Preliminary Data

21.1% of U.S. Children Live in Poverty

Equivalent to less than \$23,550 per year for a family of 4

Figure 5.
Poverty Rates by Age: 1959 to 2014



Note: The 2013 data reflect the implementation of the redesigned income questions. See Appendix D for more information. The data points are placed at the midpoints of the respective years. Data for people aged 18 to 64 and 65 and older are not available from 1960 to 1965. For information on recessions, see Appendix A. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <ftp://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar15.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 1960 to 2015 Annual Social and Economic Supplements.

<http://poverty.ucdavis.edu/faq/what-do-we-know-about-children-poverty>

Breastfeeding Policy Scorecard for Developed Countries

	BREASTFEEDING POLICY SUMMARY		PAID MATERNITY LEAVE ¹		RIGHT TO DAILY NURSING BREAKS		% HOSPITALS THAT ARE BABY FRIENDLY	STATE OF POLICY SUPPORT FOR THE CODE ⁴	BREASTFEEDING PRACTICES		
	Score	Rating	Length (weeks)	% Wages paid	Y/N	Length of coverage (months) ³			Ever breastfed %	Exclusive at 3 months %	Any at 6 months %
Norway	9.8	Very good	36 or 46 ²	100, 80%	Y*	no limit	79%	Good	99	70	80
Slovenia	9.6	Very good	15	100%	Y	no limit	79%	Good	97	—	—
Sweden	9.6	Very good	60 ²	80% [†]	Y*	no limit	100%	Good	98	60 (4 m)	72
Luxembourg	9.4	Very good	16	100%	Y	no limit	>50% ^a	Good	90	26 (4 m)	41
Austria	9.0	Good	16	100%	Y	no limit	>15% ^a	Good	93	60	55
Lithuania	9.0	Good	18	100%	Y	no limit	>15% ^a	Good	98	41	31
Latvia	8.8	Good	16	100%	Y	18	47%	Good	92	63	46
Czech Republic	8.6	Good	28	60%	Y	≥12	55%	Good	96	—	53
Netherlands	8.6	Good	16	100% [†]	Y	9	63%	Good	81	30	37
Germany	8.4	Good	14	100% [†]	Y	no limit	4%	Good	96	33 (4 m)	48
Estonia	8.2	Good	20	100%	Y	18	0% ^a	Good	82	—	40
Poland	8.2	Good	20	100%	Y	no limit	15%	Good	71	31	—
Portugal	8.2	Good	17 or 21 ²	100, 80%	Y	no limit	2%	Good	90	52	29
France	8.0	Good	16	100% [†]	Y*	12	1%	Good	65	—	—
Belgium	7.8	Good	15	82,75% [†]	Y	7	6%	Good	72	25	25
Ireland	7.8	Good	26 (16)	80% [†]	Y	6.5	35%	Good	46	—	—
Italy	7.8	Good	20	80%	Y	12	2%	Good	91	47	47
Switzerland	7.8	Good	14	80% [†]	Y*	12	>50% ^a	Fair	92	—	41
New Zealand	7.6	Good	14 ²	100% [†]	Y*	—	>75% ^a	Fair	88	56	—
Cyprus	7.5	Good	18	75%	Y	6	—	Good	79	52	—
Denmark	7.4	Good	18	100% [†]	no right to breaks [‡]		39%	Good	98	48	—
Greece	7.4	Good	17	100%	Y	12	0%	Good	86	—	—
Slovak Republic	7.4	Good	28	55%	Y	12	29%	Good	92	57 (4 m)	—
Spain	7.4	Good	16	100%	Y	9	3%	Good	76	44	40
United Kingdom	7.2	Good	39 (13)	90%	no right to breaks [‡]		17%	Good	81	13	25
Finland	6.8	Fair	18	70+%	no right to breaks [‡]		12%	Good	93	51	60
Israel	6.8	Fair	12	100%	Y	7.5	0% ^a	Good	—	—	—
Japan	6.8	Fair	14	67%	Y*	12	6% ^a	Fair	97	38	—
Hungary	6.6	Fair	24	70%	Y	9	7% ^a	Good	96	62 (4 m)	—
Liechtenstein	6.2	Fair	20	80%	Y	no limit	0% ^a	Poor	—	—	—
Canada	5.4	Fair	17	55% [†]	no right to breaks [‡]		4% ^a	Fair	90	52	54
Iceland	5.4	Fair	13 ²	80%	no right to breaks [‡]		0%	Poor	98	48 (4 m)	65
Monaco	5.4	Fair	16	90%	Y	12	0% ^a	Poor	—	—	—
Australia	4.8	Poor	18 ²	flat rate	no right to breaks [‡]		>15% ^a	Fair	96	39	60
Malta	4.4	Poor	14	100%	no right to breaks [‡]		0% ^a	Poor	62	—	—
United States	4.2	Poor	(12)	unpaid	Y*	12	2% ^a	Poor	75	35	44



Coming soon! Maryland eWIC



- No more paper checks!
- Buy the food you need when you need it
- Simple, easy checkout
- Take your **eWIC** card and WIC Shopping List to the store

¡Próximamente!

- ¡No más cheques de papel!
- Compre los alimentos que necesite cuando los necesite
- Pago simple, fácil
- Lleve a la tienda su tarjeta **eWIC** y su lista de compras WIC

Maryland WIC

Better Nutrition Brighter Future

Adapted with permission from Wisconsin WIC



Larry Hogan, Governor | Boyd Rutherford, Lt. Governor | Van Mitchell, Secretary, DHMH

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THIS CHECK IS VOID WITHOUT A RECEIPT FROM THE PARTICIPANT AND THE PARTICIPANT'S SIGNATURE AND THE VENDOR'S SIGNATURE.			
AGENCY 111101	PARTICIPANT ID NO. 200 835 092	NAME OF PARTICIPANT (LAST, FIRST, MI.) Test, Alice R.	CHECK NUMBER 75154787
FIRST DATE FOR OPENED February 23, 2015	DATE RECEIVED March 17, 2015	DATE OF USE March 17, 2015	CASHIER FILL IN EXACT AMOUNT OF SALE DOLLARS CENTS
CATEGORY: C2 TO BE USED FOR THESE ITEMS & QUANTITIES ONLY: 1 64 ounce container juice 1 dozen eggs 1 gallon 1% (lowfat) or fat-free (nonfat) fluid milk 1 half gallon 1% (lowfat) or fat-free (nonfat) fluid milk 1 pound dry OR 4 (15 to 16 oz) canned beans, peas, or lentils OR 18 oz or less peanut butter 1 pound whole wheat bread OR brown rice OR whole wheat or soft corn tortillas			CHECK NOT VALID UNLESS STAMPED BY AUTHORIZED WIC VENDOR
SIGNATURE OF PARTICIPANT OR AUTHORIZED PROXY X			VENDOR MUST DEPOSIT WITHIN 30 DAYS OF LAST DATE OF OPENING



Maryland WIC

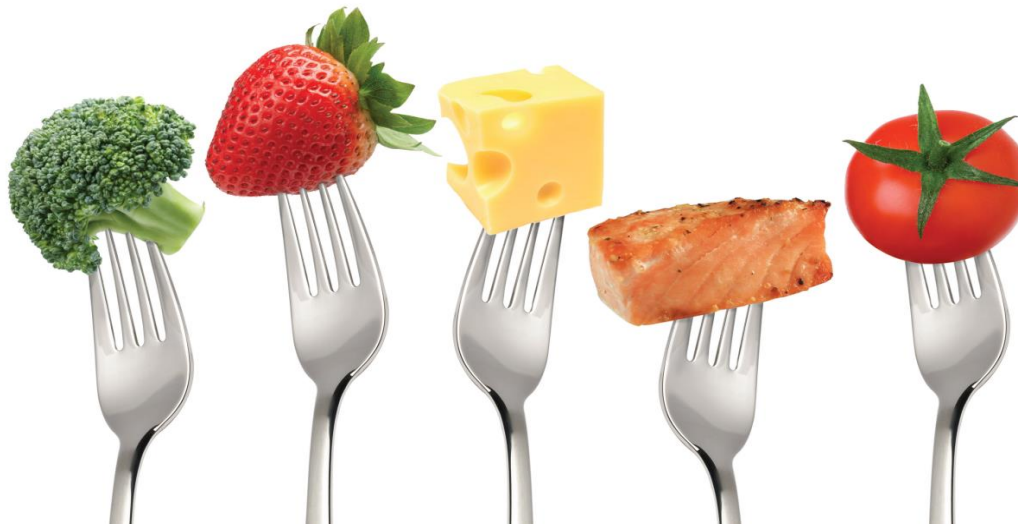
Better Nutrition Brighter Future

Maryland WIC Foods



Priority Nutrients for WIC

- Iron
- Folic Acid
- Zinc
- Magnesium
- Potassium
- Vitamin E
- Calcium
- Vitamin D
- Fiber
- Excessive saturated fat, total fat, calories and sodium



WIC Foods - Women and Children may be issued these WIC foods each month:

WIC Foods	Pregnant ¹ or Mostly Breastfeeding Women	Exclusively Breastfeeding Women ²	Breastfeeding Some Or Non-Breastfeeding Women	Children: 1 year old	Children: 2 - 4 years old
Milk ³	4.75 gal (1% or fat-free milk)	5.25 gal (1% or fat-free milk)	3.25 gal (1% or fat-free milk)	3.25 gal (whole milk)	3.25 gal (1% or fat-free milk)
Cheese ³	1 lb	2 lbs	1 lb	1 lb	1 lb
Eggs	1 dozen	2 dozen	1 dozen	1 dozen	1 dozen
Beans, peanut butter	1 lb beans AND 18 oz peanut butter	1 lb beans AND 18 oz peanut butter	1 lb beans OR 18 oz peanut butter	1 lb beans	1 lb beans OR 18 oz peanut butter
Cereal	36 oz	36 oz	36 oz	36 oz	36 oz
Bread, rice or tortillas	1 lb	1 lb	NA	2 lbs	2 lbs
Vegetables & fruit	\$11.00 benefit	\$11.00 benefit	\$11.00 benefit	\$8.00 benefit	\$8.00 benefit
Fruit juice	144 fl oz	144 fl oz	96 fl oz	128 fl oz	128 fl oz
Canned fish	NA	30 oz	NA	NA	NA
WIC-eligible Nutritionals	Up to 910 fl oz with qualifying documented medical conditions. Subject to WIC professional approval.				

¹ Women pregnant with multiples; women that are pregnant AND exclusively/mostly breastfeeding receive the "Exclusively Breastfeeding" package.

² Women exclusively breastfeeding multiples get 1.5 times the foods listed.

³ Soy beverage and/or tofu may replace milk and/or cheese.

Child Foods

Children 1-2 yrs old
Whole Milk*, Cheese*, Beans, Fruit and Vegetable Check,
100% Fruit Juice, Cereal, Whole Wheat Bread, Tortillas or
Brown Rice

Children from age 2-5
Low-fat or fat-free milk**, Cheese*, Beans, Fruit and Vegetable
Check, 100% Fruit Juice, Cereal, Whole Wheat Bread, Tortillas or
Brown Rice

Age 1:

- Whole milk is standard
- No peanut butter
- *Soy beverage and/or tofu or 2% (reduced-fat) milk may replace whole milk and/or cheese with Nutritionist Approval

Age 2-4:

- 1% or fat-free milk is standard
- Peanut butter added
- *Soy beverage and/or tofu may replace milk and or cheese with Nutritionist Approval
- **Whole milk may be provided with medical documentation, with Nutritionist Approval

Infant Foods

Infant Breastfeeding Exclusively

No complementary foods needed until six months

Infant cereal, Baby fruit and vegetables, Infant Meat

Infant Breastfeeding Mostly (<14 ounces formula)

Iron-Fortified Infant formula up to 14 ounces (tailored to amount of breastfeeding)

Infant cereal, Less baby fruit and vegetables

Infant Breastfeeding Some/None

Iron-Fortified Infant formula up to maximum allowed (tailored to amount of breastfeeding)

Infant cereal, Less baby fruit and vegetables

Maryland WIC Program

Breastfeeding Education and Support

Mothers participating in WIC are strongly encouraged to breastfeed their infants

- Breastfeeding is emphasized and reinforced through an active and extensive education and peer counseling program
- WIC breastfeeding initiation rates in Maryland have increased from 13% in 1991 to 69% in 2015





National WIC Association



Human milk is free! It provides the perfect food for infants, at the perfect temperature.



Fully breastfeeding mothers receive more food for their first year of their baby's life, and extra food for their older babies.



Breastfeeding improves the health and development of infants and children. It also improves the health and wellbeing of mothers.



Human milk is always available, even when disaster strikes.



Human milk produces no waste, contributing to a cleaner community.

CELEBRATE 2016 WORLD BREASTFEEDING WEEK
BREASTFEEDING
A KEY TO SUSTAINABLE HEALTH | AUGUST 1-7

Maryland WIC Local Agency Policy and Procedure 3.02:

PROVISION OF FORMULA FOR INFANTS

Maryland WIC Program

Infant Formula

- Mothers participating in WIC are strongly encouraged to breastfeed their infants
- Infant formula is provided to mothers who choose to use it.
- Special infant formulas and certain medical foods may be provided when prescribed by a physician or health professional for a specified medical condition.



WIC Terms

Please note: Formula names are used for examples only and is not intended as an endorsement of any particular product by the Maryland WIC Program

- Infant Formula
- Contract Formula
- Non-contract Formula
- “Special Formulas”
 - Special Issue Contract Infant Formula
 - Exempt Infant Formula
 - WIC-Eligible Nutritionals
- Food Package Three

¹ A Health Care Provider (HCP) is defined as a practitioner with prescriptive authority, i.e., physician, certified nurse practitioner, certified nurse-midwife or physician’s assistant.

² A WIC Competent Professional Authority (CPA) is defined by federal WIC regulations as a local agency staff member that is authorized to determine nutritional risk, review formula requests, and prescribe supplemental foods.

Maryland WIC Program

Infant Formula Rebate System

- As a cost saving measure, WIC State agencies are required by law to have competitively-bid infant formula rebate contracts with infant formula manufacturers.
- WIC State agencies provide one brand of infant formula to their participants who do not require a medically prescribed formula. In return, WIC receives a rebate from the manufacturer for each can of infant formula that is purchased by WIC participants.
- WIC pays the lowest possible price for infant formula. The brand of infant formula provided by WIC varies from State to State, depending on which company has the rebate contract in a particular State.

Authorized Infant Formula Requirements

- Must meet requirements of FDA Infant Formula Act of 1980 (revised in 1986)
- **0.67** kilocalories per 100 ml or **20** kcal per fluid ounce
- **10** mg iron per liter

Forms:

- Powder
- Liquid Concentrate
- Ready-to-Feed

Unauthorized Infant Formulas

- **Non-contract infant formulas (EXCEPT in rare circumstances)**
- **Low-calorie infant formulas (<20 calories per ounce)**
- **Cow's milk or Goat's milk**
- **Formulas designed for less than one month's use, as per manufacturer guidelines**
- **Modular products**

Unauthorized Infant Formulas: Non-Contract

Due to the infant formula contract in Maryland WIC the following formulas are NOT authorized*.

Enfamil Newborn
Enfamil Infant
Enfamil Enspire
Enfamil Gentlease
Enfamil for Supplementing
Enfamil Reguline
Enfamil AR
Gerber Good Start Gentle*
Gerber Good Start Soothe*
Gerber Good Start Gentle for Supplementing

Similac Advance (19 kcal/oz)
Similac Advance NON-GMO
Similac Advance Organic
Similac Soy Isomil*
Similac for Diarrhea*
Similac for Supplementation
Similac Sensitive NON-GMO

***Except in rare circumstances.**

In the rare circumstance that may warrant the issuance of a non-contract infant formula to a WIC participant please note, that a non-contract formula CAN NOT be issued by Local Agency WIC Nutritionists. Only state WIC nutritionists can authorize issuance of non-contract formulas.

Unauthorized Infant Formulas: Generic

- Maryland WIC does not issue generic or store brand infant formula
- WIC is supplemental and many participants find they need to purchase formula on their own.
- Generic/store brand may be a more affordable option participants on a standard milk or soy formula, when they need to purchase infant formula on their own.

3.02: Provision of Formulas for Infants

Contract Infant Formula:

Contract infant formula means all infant formulas (except exempt infant formulas) produced by the manufacturer awarded the infant formula cost containment contract. Federal WIC Regulations requires that all WIC programs have a cost-containment contract for milk-based and soy-based infant formulas.

a. The contract formulas in Maryland are:

	Type	Forms	WIC Size
Similac Advance <i>Abbott Nutrition</i>	Milk-protein based	Powder	12.4 oz.
		Concentrate	13 fl. oz.
		Ready-to-Feed*	32 fl. oz.
Gerber Good Start Soy <i>Nestlé</i>	Soy-protein based Milk-free Lactose-free	Powder	12.9 oz.
		Concentrate	12.1 fl. oz
		Ready-to-Feed*	8.45 fl. oz bottles

*Ready-to-feed is only issued in rare circumstances, please see 6b and c, below.

Special Issue Contract Infant Formula

4. Special Issue Contract Formulas:

A special issue contract infant formula is produced by the manufacturer that was awarded the milk-based and/or soy-based contract and is part of the cost-containment contract. In contrast to a contract formula, the special issue contract formulas shall only be issued when prescribed by a Health Care Professional (HCP)¹ on the Maryland WIC Medical Documentation Form (Attachment 3.02 C) or prescription note for a specific medical diagnosis. **All requests are subject to CPA² approval.**

- a. Special Issue Contract Infant Formulas are similar to exempt infant formulas in that they require the same medical documentation.
- b. Special issue contract infant formulas shall only be issued as part of **Food Package III** to infants with **documented qualifying medical conditions** (please see 7a for qualifying conditions).

Special Issue Contract Infant Formula

c. The special issue contract formulas in Maryland are:

	Type	Forms	WIC Size
Similac Sensitive <i>Abbott Nutrition</i>	Milk-protein based Lactose-reduced	Powder	12.0 oz.
		Concentrate	N/A
		Ready-to-Feed*	32 fl. oz.
Similac Spit-Up <i>Abbott Nutrition</i>	Milk-protein based Lactose-reduced Rice-starch added	Powder	12.0 oz
		Concentrate	N/A
		Ready-to-Feed*	32 fl. oz.
Similac Total Comfort <i>Abbott Nutrition</i>	Milk-protein as whey protein hydrolysate Lactose-reduced	Powder	12.0 oz.
		Concentrate	N/A
		Ready-to-Feed*	2 fl. oz. bottles

*Ready-to-feed is only issued in rare circumstances, please see 6b and c, below.

Exempt Infant Formulas

Exempt Infant Formulas:

An exempt infant formula is an infant formula that is not eligible for the cost-containment contract but may be authorized by Maryland WIC. These formulas are designed for specific medical conditions. Exempt infant formulas shall only be issued when prescribed by a HCP on the Maryland WIC Medical Documentation Form or prescription note for a specific qualifying medical condition (please see 7a and b). **All requests are subject to CPA approval.**

- a. Exempt Infant Formulas must meet the requirements and regulations for an exempt infant formula under the Federal Food, Drug and Cosmetic Act.
- b. Exempt infant formulas shall only be issued as part of **Food Package III** to infants with **documented qualifying medical conditions** (please see 7a for qualifying conditions).

Exempt Infant Formulas: Examples

The following are **EXAMPLES** of Maryland WIC Authorized Exempt-Infant **Formulas** and are not inclusive of all the exempt infant formulas that are currently authorized. Please contact the State Nutrition and Breastfeeding Services Unit with questions.

1. Alfamino Infant
2. Alimentum
3. EleCare for Infants
4. EleCare Junior
5. EnfaCare
6. Enfamil 24
7. Enfamil Premature 24 High Protein Cal
8. Enfamil Premature 20, 24, and 30 Cal
9. Enfaport
10. Gerber Extensive HA
11. Neocate Infant
12. Neocate Junior
13. NeoSure
14. Nutramigen
15. Pregestimil
16. PurAmino
17. Similac 60:40
18. Similac Special Care High Protein 24
19. Similac Special Care with Iron 20, 24, and 30

Types and Forms: Issuing Formula to Breastfed Infants

Breastfed infants that are also receiving formula are only issued powdered infant formula in the amount that meets and most closely matches the volume consumed up to the maximum WIC can provide.

Ready-to-Feed

RTF rationale must be approved and documented by a CPA for only the following conditions:

- 1) RTF is the only form available;
- 2) There is an unsafe or restricted water supply;
- 3) Poor refrigeration;
- 4) Caregiver not capable of proper dilution

Qualifying Conditions

7. Qualifying Conditions for Food Package III for Infants

Infants issued Food Package III must have a documented qualifying condition as determined by a HCP. Food Package III shall only be issued to infants authorized to receive a special-issue or exempt infant formula because the use of contract formula is precluded, restricted, or inadequate to address their special nutritional needs. **All requests are subject to approval by the CPA.**

a. Qualifying conditions include, but are not limited to:

- i. premature birth,
- ii. low birth weight,
- iii. failure to thrive,
- iv. inborn errors of metabolism,
- v. gastrointestinal disorders,
- vi. malabsorptive syndromes,
- vii. immune system disorders,
- viii. severe food allergies that require elemental formulas,
- ix. life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutritional status.

Non-qualifying conditions

Federal Regulations prohibit the issuance of exempt or special issue contract infant formulas for **non-qualifying medical conditions**. **Food Package III shall NOT be issued to infants whose only condition is:**

- i. a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula
- ii. non-specific formula or food intolerance;
- iii. non-specific symptoms or conditions such as intolerance, constipation, gas, fussiness, colic or spit-up.

This information is on the medical documentation form:



Non-specific symptoms such as intolerance, fussiness, colic, spitting up, gas and constipation will NOT be considered medical diagnoses for exempt infant formulas/WIC-eligible nutritionals.

Medical Documentation Forms

Required to issue any infant formula other than the contract formulas:

- 1) Special Issue Contract Infant Formulas
- 2) Exempt Infant Formulas
- 3) Non-contract Infant Formulas
- 4) WIC-Eligible Nutritionals


Four Required Sections:

1) Patient Information

2) Exempt Infant Formula/ WIC-Eligible Nutritional Request

3) WIC Food Requests

4) Provider Information

WIC Fax: _____ Date Form Expires: __/__/__		Maryland WIC Better Nutrition Brighter Future			
Medical Documentation Form: Sections 1-4 MUST be completed. <i>Infants not exclusively breastfed are provided Similac Advance or Gerber Good Start Soy. This form is federally required to request an exempt infant formula/WIC-eligible nutritional for qualifying medical conditions. All requests are subject to WIC approval. Please contact the Local WIC clinic (see back of form) or the State WIC Office at 1-800-242-4942 with any questions.</i>					
1) REQUIRED: Patient Information					
Patient Name: _____				Patient DOB: __/__/__	
Parent/Guardian: _____					
Participant Medical Data (optional):		Weight:	Length/height:	Hgb: Hct:	
Date Measured: __/__/__		__/__/__	__/__/__	__/__/__	
2) REQUIRED: Exempt Infant Formula/WIC-Eligible Nutritional Request					
Medical diagnosis: _____ Symptoms: _____					
Non-specific symptoms such as <u>intolerance, fussiness, colic, spitting up, gas and constipation</u> will NOT be considered medical diagnoses for exempt infant formulas/WIC-eligible nutritionals.					
Product: _____					
Calorie Level:		Amount per day:			
<input type="checkbox"/> Standard dilution <input type="checkbox"/> Other: _____		<input type="checkbox"/> WIC maximum <input type="checkbox"/> Other: _____			
Duration: <input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other					
3) REQUIRED: WIC Food Requests (Check all that apply)					
<input type="checkbox"/> WIC professional may determine WIC foods and amounts.					
<input type="checkbox"/> No food restrictions.					
<input type="checkbox"/> Issue formula/WIC-eligible nutritional only.					
<input type="checkbox"/> Whole milk for a woman or child (≥ 2 years).					
<input type="checkbox"/> Issue infant fruits and vegetables to a woman or child.					
<input type="checkbox"/> Issue soy beverage and/or tofu to replace milk and/or cheese.					
<input type="checkbox"/> Reduced-fat (2%) milk for a one-year old child.					
<input type="checkbox"/> Do NOT issue (comment required): _____					
4) REQUIRED: Provider Information (MD/DO/CNM/CRNP/PA with prescriptive authority)					
Name: (Please print, type or stamp) _____					
Phone: _____				Fax: _____	
Signature and Credentials: _____				Date: __/__/__	
WIC use only:		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Pending			Comments:
Signature: _____		Date: __/__/__			
Website: www.mdwic.org . Click on the Health Care Providers section for more information.					

Maryland WIC Medical Documentation Form

Optional Field for WIC Clinic Use

WIC Fax: _____
Date Form Expires: __/__/__

MarylandWIC
Better Nutrition Brighter Future



Medical Documentation Form: Sections 1-4 MUST be completed.


Infants not exclusively breastfed are provided Similac Advance or Gerber Good Start Soy. This form is federally required to request an exempt infant formula/WIC-eligible nutritional for qualifying medical conditions. All requests are subject to WIC approval. Please contact the Local WIC clinic (see back of form) or the State WIC Office at 1-800-242-4942 with any questions.

Lists contract formulas
States purpose of the form
Contact number for State WIC Office

Maryland WIC Medical Documentation Form

WIC Fax: _____
Date Form Expires: ____/____/____

Maryland WIC
Better Nutrition Brighter Future

 *Investment in Maryland's Best Start*

Medical Documentation Form: Sections 1-4 MUST be completed.
Infants not exclusively breastfed are provided Similac Advance or Gerber Good Start Soy. This form is federally required to request an exempt infant formula/WIC-eligible nutritional for qualifying medical conditions. All requests are subject to WIC approval. Please contact the Local WIC clinic (see back of form) or the State WIC Office at 1-800-242-4942 with any questions.

1) REQUIRED: Patient Information
Patient Name: _____ Patient DOB: ____/____/____
Parent/Guardian: _____

Participant Medical Data (optional):	Weight:	Length/height:	Hgb: Hct:
Date Measured:	____/____/____	____/____/____	____/____/____

2) REQUIRED: Exempt Infant Formula/WIC-Eligible Nutritional Request
Medical diagnosis: _____ Symptoms: _____
Non-specific symptoms such as intolerance, fussiness, colic, spitting up, gas and constipation will NOT be considered medical diagnoses for exempt infant formulas/WIC-eligible nutritional.

Product: _____
Calorie Level: _____ Amount per day: _____
☐ Standard dilution ☐ Other: _____ ☐ WIC maximum ☐ Other: _____

Duration: ☐ 1 month ☐ 3 months ☐ 6 months ☐ 12 months ☐ Other

3) REQUIRED: WIC Food Requests (Check all that apply)
☐ WIC professional may determine WIC foods and amounts.
☐ No food restrictions.
☐ Issue formula/WIC-eligible nutritional only.
☐ Whole milk for a woman or child (> 2 years).
☐ Issue infant fruits and vegetables to a woman or child.
☐ Issue soy beverage and/or tofu to replace milk and/or cheese.
☐ Reduced-fat (2%) milk for a one-year old child.
☐ Do NOT issue (comment required): _____

4) REQUIRED: Provider Information (MD/DO/CNM/CRNP/PA with prescriptive authority)
Name: (Please print, type or stamp) _____
Phone: _____ Fax: _____
Signature and Credentials: _____ Date: ____/____/____
WIC use only: ☐ Approved ☐ Not Approved ☐ Pending Comments: _____
Signature: _____ Date: ____/____/____

Website: www.mdwic.org Click on the Health Care Providers section for more information.

Required: *Patient Name* and *DOB* is required for identification purposes

Parent/Guardian: Not required, helpful if in foster care or kinship care

Participant Medical Data: Not required, but appreciated; helpful for weight-related diagnoses (like failure-to-thrive) and can be plotted on WIC growth chart

1) REQUIRED: Patient Information

Patient Name: _____

Patient DOB: ____/____/____

Parent/Guardian: _____

Participant Medical Data (optional):	Weight:	Length/height:	Hgb: Hct:
Date Measured:	____/____/____	____/____/____	____/____/____

Maryland WIC Medical Documentation Form

2) **REQUIRED: Exempt Infant Formula/WIC-Eligible Nutritional Request**

Medical diagnosis: _____ Symptoms: _____

Non-specific symptoms such as intolerance, fussiness, colic, spitting up, gas and constipation will NOT be considered medical diagnoses for exempt infant formulas/WIC-eligible nutritional.

Required:

Medical Diagnosis: A specific qualifying medical diagnosis that warrants the need for a specific formula (not ICD code).

Specific diagnosis could be GERD, NOT GI disorder.

Medical diagnosis could be Hirschsprung's disease, NOT Constipation.

Optional but strongly encouraged and appreciated:

Symptoms: The more detail the better.

Non-specific symptoms such as intolerance, fussiness, colic, spitting up, gas and constipation will NOT be considered medical diagnoses for exempt infant formulas/WIC-eligible nutritional.

The symptoms experienced by the infant are indicative of a milk protein allergy (diarrhea, blood in the stools) and resolve with a trial of a casein hydrolysate formula. Further investigation to test for a milk-protein allergy is unnecessary. The health care provider is hesitant to write the diagnosis of a milk-protein allergy on the form without more definitive testing and writes the following:

Medical diagnosis: Milk intolerance Symptoms: _____

Non-specific symptoms such as intolerance, fussiness, colic, spitting up, gas and constipation will NOT be considered medical diagnoses for exempt infant formulas/WIC-eligible nutritionals.

This request would originally be denied.

As is this would NOT be an approved diagnosis for any special-issue contract or exempt infant formula.

However, the symptoms would have warranted a special-issue contract or exempt infant formula

Medical diagnosis: Milk intolerance Symptoms: Diarrhea, bloody stools

Non-specific symptoms such as intolerance, fussiness, colic, spitting up, gas and constipation will NOT be considered medical diagnoses for exempt infant formulas/WIC-eligible nutritionals.

Though not required, the symptoms can make the difference between a “Yes” or a “No”.

Maryland WIC Medical Documentation Form

Product: _____

Calorie Level:

☐ Standard dilution ☐ Other: _____

Amount per day:

☐ WIC maximum ☐ Other: _____

Duration: ☐ 1 month ☐ 3 months ☐ 6 months ☐ 12 months ☐ Other _____

Required:

Product: The formula requested. Be specific, for example Elecare Infant or Elecare Junior NOT Elecare.

Duration: The longest a request may be approved is for 12 months. CPAs may approve the request for a shorter duration than requested.

Optional but strongly encouraged:

Calorie Level: If unchecked or otherwise specified the standard dilution is assumed. Calorie level is needed if anything other than the standard dilution is requested.

Amount per day: For an infant the maximum allowed is provided unless they are breastfed or otherwise specified.

Maryland WIC Medical Documentation Form

Product: Neosure

Calorie Level:

☐ Standard dilution ☐ Other: _____

Amount per day:


☐ WIC maximum ☐ Other: _____

Duration: ☐ 1 month ☒ 3 months ☐ 6 months ☐ 12 months ☐ Other _____

If this was issued to a formula-fed infant the CPA could assume the standard dilution, 22 kcal/oz, and provide the WIC maximum for 3 months or less.

Maryland WIC Medical Documentation Form

3) **REQUIRED: WIC Food Requests (Check all that apply)**

- 
- ☐ WIC professional may determine WIC foods and amounts.
 - ☐ No food restrictions.
 - ☐ Issue formula/WIC-eligible nutritional only.
 - ☐ Whole milk for a woman or child (≥ 2 years).
 - ☐ Issue infant fruits and vegetables to a woman or child.
 - ☐ Issue soy beverage and/or tofu to replace milk and/or cheese.
 - ☐ Reduced-fat (2%) milk for a one-year old child.
 - ☐ Do NOT issue (comment required): _____

Required:

This authorizes the participant to get WIC foods in addition to the special formula or WIC-eligible nutritional

Section is often missed; if the infant will be 6 months during the requested duration it needs filled out

Choosing “WIC professional may determine...” allows the WIC person to determine what is the appropriate food package for the participant. Otherwise they are limited to issuing what you check off.

Maryland WIC Medical Documentation Form

3) **REQUIRED: WIC Food Requests (Check all that apply)**

- ☐ WIC professional may determine WIC foods and amounts.
- ☒ No food restrictions.
- ☐ Issue formula/WIC-eligible nutritional only.
- ☐ Whole milk for a woman or child (≥ 2 years).
- ☐ Issue infant fruits and vegetables to a woman or child.
- ☐ Issue soy beverage and/or tofu to replace milk and/or cheese.
- ☐ Reduced-fat (2%) milk for a one-year old child.
- ☐ Do NOT issue (comment required): _____

If this was a request for Pediasure for a 3 year old child with FTT and “No food restrictions” was checked off, the WIC professional would have to issue the standard package for the age group, which means 1% or Fat-Free milk.

To issue whole milk WIC would have to get authorization from the HCP.

Maryland WIC Medical Documentation Form

3) **REQUIRED: WIC Food Requests (Check all that apply)**

- ☒ WIC professional may determine WIC foods and amounts.
- ☐ No food restrictions.
- ☐ Issue formula/WIC-eligible nutritional only.
- ☐ Whole milk for a woman or child (≥ 2 years).
- ☐ Issue infant fruits and vegetables to a woman or child.
- ☐ Issue soy beverage and/or tofu to replace milk and/or cheese.
- ☐ Reduced-fat (2%) milk for a one-year old child.
- ☐ Do NOT issue (comment required): _____

Alternatively if “WIC professional may determine.....” was checked off, the WIC CPA would be able to make the determination that whole milk could be issued in place of 1% or fat-free milk.

Maryland WIC Medical Documentation Form

4) **REQUIRED: Provider Information** (MD/DO/CNM/CRNP/PA with prescriptive authority)

Name: (Please print, type or stamp) _____

Phone: _____

Fax: _____

Signature and Credentials: _____

Date: __/__/__

WIC use only: ☐ Approved ☐ Not Approved ☐ Pending

Comments:

Signature: _____ Date: __/__/__

Website: www.mdwic.org. Click on the Health Care Providers section for more information.

Summary: Required Information

Section One	The name of the participant
	The birth date of the participant
Section Two	The medical diagnosis warranting the requested formula
	The brand name of the formula prescribed
	Calorie level needed, if other than the standard dilution
	Quantity requested per day, if less than the MMA
	Duration the formula is medically required
Section Three	WIC food requests or restrictions or HCP authorization to allow the WIC CPA to determine the appropriate supplemental foods
Section Four	Date of prescription
	Signature or signature stamp of the HCP and their credentials.

Summary: Optional Information

Section One	Weight and date measured
	Length/Height and date measured
	Hemoglobin/Hematocrit and date measured
Section Two	The symptoms experienced by the infant related to the medical diagnosis

3.02: Provision of Formulas for Infants

- c. The CPA may not issue the special-issue contract or exempt infant formula for longer than the duration requested by the HCP. If required by policy or deemed appropriate by the CPA's nutrition assessment, the CPA may require the HCP to reassess the medical necessity of the formula sooner than the requested duration on the Medical Documentation Form or food prescription note.
- d. The maximum monthly allowance of formula (determined by age of infant) shall be provided in the food package for all non-breastfeeding infants. Partially breastfed infants shall be given powdered formula at a volume that at least meets and most closely matches the volume of infant formula consumed, up to the maximum monthly allowance per WIC regulations.

3. Food Package III Assignment

Policy and Procedure 3.01 shall be followed when choosing the optimal formula food package. **All Special Issue Contract and Exempt Infant Formula requests are subject to approval by the Local Agency CPA.**

3.02A: Standard Dilutions and Calorie Levels for Select Infant Formulas

3.02A	Standard Dilution Rates and Calorie Levels for Select Infant Formulas
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Replaced→

3.02	Provision of Formulas for Infants	October 1, 1995
3.02A	Food Packages on WIC Checks for IBE and IBP-Mostly	

The products listed in this table are select examples of Maryland WIC Authorized infant formulas. This list is not inclusive of all products or forms of products authorized. Please contact the state office with questions regarding authorized formulas. All Infant Formula Requests are subject to Local Agency CPA approval.

- **Calorie Level at Standard Dilution:** is the reconstituted calorie level per fluid ounce as stated in the manufacturer instructions for powder and liquid concentrate forms of infant formula. Any variation from the standard dilution must be under the supervision of the participant's Health Care Provider.
- **Standard Calorie Level:** is the calorie level per fluid ounce for ready-to-feed formulas. Ready-to-feed formulas should NEVER be diluted with water.

3.02A: Standard Dilutions and Calorie Levels for Select Infant Formulas

Key:	PWD: Powder	LCN: Liquid Concentrate	RTF: Ready-to-Feed
-------------	-------------	-------------------------	--------------------

Calorie Level at Standard Dilution for Select Powder and Liquid Concentrate Infant Formulas

Product Name	Form	Calorie Level at Standard Dilution
Alfamino Infant	PWD	20 kcal/fl. oz.
Alimentum	PWD	20 kcal/fl. oz.
EleCare for Infants	PWD	20 kcal/fl. oz.
EleCare Junior	PWD	30 kcal/fl. oz.
EnfaCare	PWD	22 kcal/fl. oz.
Gerber Extensive HA	PWD	20 kcal/fl. oz.
Gerber Good Start Soy	PWD, LCN	20 kcal/fl. oz.
Neocate Infant	PWD	20 kcal/fl. oz.
Neocate Junior	PWD	30 kcal/fl. oz.
NeoSure	PWD	22 kcal/fl. oz.
Nutramigen	PWD, LCN	20 kcal/fl. oz.
Pregestimil	PWD	20 kcal/fl. oz.
PurAmino Infant	PWD	20 kcal/fl. oz.
Similac Advance	PWD, LCN	20 kcal/fl. oz.
Similac for Spit- Up	PWD	19 kcal/fl. oz.
Similac Sensitive	PWD	19 kcal/fl. oz.
Similac Total Comfort	PWD	19 kcal/fl. oz.

3.02A: Standard Dilutions and Calorie Levels for Select Infant Formulas

Calorie Level of Select Ready-to-Feed Infant Formulas		
Product Name	Form	Standard Calorie Level
Alimentum	RTF	20 kcal/fl. oz.
EnfaCare	RTF	22 kcal/fl. oz.
Enfamil 24	RTF	24 kcal/fl. oz.
Enfamil Premature High Protein 24 Cal	RTF	24 kcal/fl. oz.
Enfamil Premature 20 Cal	RTF	20 kcal/fl. oz.
Enfamil Premature 24 Cal	RTF	24 kcal/fl. oz.
Enfamil Premature 30 Cal	RTF	30 kcal/fl. oz.
Gerber Good Start Soy	RTF	20 kcal/fl. oz.
NeoSure	RTF	22 kcal/fl. oz.
Nutramigen	RTF	20 kcal/fl. oz.
Pregestimil	RTF	20 kcal/fl. oz.
		24 kcal/fl. oz.
Similac Advance	RTF	20 kcal/fl. oz.
Similac for Spit- Up	RTF	19 kcal/fl. oz.
Similac Sensitive	RTF	19 kcal/fl. oz.
Similac Special Care High Protein 24	RTF	24 kcal/fl. oz.
Similac Special Care with iron 20	RTF	20 kcal/fl. oz.
Similac Special Care with iron 24	RTF	24 kcal/fl. oz.
Similac Special Care with iron 30	RTF	30 kcal/fl. oz.
Similac Total Comfort	RTF	19 kcal/fl. oz.

3.02B: Maximum Monthly Allowances (MMA) for Infant Formulas

The maximum monthly allowance (MMA) of formula shall be provided in the food package (I, II or III) for all non-breastfeeding infants. Partially breastfed infants shall be given powdered formula at a volume that at least meets and most closely matches the volume of infant formula consumed, up to the MMA per Federal WIC regulations. The amount of formula actually received by the participant is dependent on their age, breastfeeding status and the type, form and reconstitution rate of the infant formula prescribed.

MMA for Powdered Formula in Reconstituted Fluid Ounces					
		Age in Months			
		< 1	1-3	4-5	6-11
Category	Infants Breastfeeding Mostly	NA*	435 fl. oz.	522 fl. oz.	384 fl. oz. with infant foods
	Infants Breastfeeding Some	870 fl. oz.	870 fl. oz.	960 fl. oz.	696 fl. oz. with infant foods
	Infants Formula Fed	870 fl. oz.	870 fl. oz.	960 fl. oz.	696 fl. oz. with infant foods

* Please see Policy and Procedure 5.09 for information on issuing formula to breastfed infants in the first month of life

MMA for Liquid Concentrated Formula in Reconstituted Fluid Ounces					
		Age in Months			
		< 1	1-3	4-5	6-11
Category	Infants Breastfeeding Mostly	NA			
	Infants Breastfeeding Some				
	Infants Formula Fed	823 fl. oz.	823 fl. oz.	896 fl. oz.	630 fl. oz. with infant foods

MMA for Ready-to-Feed Formula in Fluid Ounces					
		Age in Months			
		< 1	1-3	4-5	6-11
Category	Infants Breastfeeding Mostly	NA			
	Infants Breastfeeding Some				
	Infants Formula Fed	832 fl. oz.	832 fl. oz.	913 fl. oz.	643 fl. oz. with infant foods

3.02B: Maximum Monthly Allowances (MMA) for Infant Formulas

Maximum amount of powdered formula to a fully-formula fed infant ranges **from 21-32 ounces per day**, based on age of the infant and reconstitution rate of the formula they are using.

WIC can NOT issue more than the maximum!

To calculate fluid ounces per day:

Reconstitution Rate of Formula= 93

MMA for form, category and age= Powder, Fully-formula fed, 2 months

$870/93 = 9.35$ cans (we round **down** to 9)

$9 * 93 = 837$ fl oz

$837/30 = 27.9$ oz/day

Exempt Infant Formulas

Premature Infant Formulas

Medical documentation form required

**Similac Special Care
Enfamil Premature
Gerber Good Start Premature**

Comments:

- 20, 24, or 30 kcal/oz
- Designed for hospital use
- Not intended once infants can tolerate normal volumes and achieve a certain weight (varies based on manufacturer)
- Only available in 2 oz RTF nursette bottles

**Similac Neosure
Enfamil Enfacare**

Comments:

- **22 kcal/oz**
- Higher amounts of calcium, phosphorous and protein compared to full-term infant formulas
- Available in **powder** or **RTF**
- Not intended for full-term infants that need more calories*

High Calorie Ready-to-Feed Full-Term Formulas

Medical documentation form required

Examples:

Similac with Iron 24

Enfamil 24

Comments:

- Medical documentation form required
- **24 kcal/ounce**
- **RTF 2 oz nursette bottles**

Hypoallergenic Formulas: Casein Hydrolysate

Medical documentation form required

Casein Hydrolysate

Without MCT Oil

Example: Nutramigen

Comments:

20 kcal/ounce

Protein is broken down into casein hydrolysates;

Fat and carbohydrate are not

Available in powder, concentrate and RTF

Casein Hydrolysate

With MCT Oil

Examples: Alimentum, Gerber Extensive HA, Pregestimil

Comments:

20 kcal/oz

24 kcal/oz (Pregestimil only)

Available in powder or RTF

Protein broken down into casein

Hydrolysates Fat broken down

- **Alimentum** 33% MCT

- **Gerber Extensive HA** 49% MCT

- **Pregestimil** 55% MCT

Elemental Formulas:

Medical documentation form required

Examples:

Alfamino Infant,
EleCare Infant,
Neocate Infant,
PurAmino Infant

Comments:

- 20 kcal/ounce
- Junior versions: 30 kcal/oz
- Expensive
- Protein is broken down to amino acids
- Fat Content:
EleCare, PurAmino, and Neocate; 33% MCT oil
Alfamino: 43% MCT Oil
- Only available in powder

Points to consider when requesting a special formula for an infant

- Is the “problem” normal baby behavior?
- WIC does NOT provide all the formula an infant needs, most participants need to buy formula on their own.
- Is there alternatives to changing to a more expensive formula?
 - A specialty product may be prohibitively expensive which can lead to over-dilution, inappropriate feeding of solids and early introduction of cow’s milk.

Provision of WIC-Eligible Nutritionals to Women and Children

3.03 Provision of WIC-Eligible Nutritionals for Children and Women

WIC-Eligible Nutritionals:

Federal WIC regulations define WIC-eligible nutritionals as “products that are specifically formulated to provide nutritional support for individuals with a qualifying condition, when the use of conventional foods is precluded, restricted, or inadequate”.

WIC-eligible nutritionals must meet the following guidelines;

- a. Serve the purpose of a food, meal or diet;
- b. May be nutritionally complete or incomplete;
- c. Provide a source of calories and one or more nutrients;
- d. Be designed for enteral digestion via an oral or tube feeding;
- e. May not be a conventional food, drug, flavoring, or enzyme;
- f. Meet the definition of medical food in the Orphan Drug Act.

3.03 Provision of WIC-Eligible Nutritionals for Children and Women

- a. The following list includes **examples of WIC-eligible nutritionals authorized by Maryland WIC**. This list is not inclusive of all WIC-eligible nutritionals available to Maryland WIC participants. Additionally, when age-appropriate and medically indicated, the formulas authorized for infants (see 3.02) may also be used for women and children. Please contact the State Nutrition and Breastfeeding Services Unit with questions.

- i. Alfamino Junior
- ii. Boost Kid Essentials 1.0, Boost Kid Essentials 1.5 Cal
- iii. Boost, Boost Plus, Boost High Protein, Boost Breeze
- iv. Bright Beginnings Soy Pediatric Drink
- v. EleCare Junior
- vi. Enfagrow Next Step
- vii. Enfagrow Toddler Transitions
- viii. Ensure, Ensure Plus, Ensure with Fiber, Ensure Clear
- ix. Gerber Good Start Stage Three
- x. Jevity
- xi. Neocate (EO28) Splash
- xii. Neocate Junior, Neocate Junior with Prebiotics
- xiii. Neocate Splash
- xiv. Nepro
- xv. Nutramigen Toddler
- xvi. Nutren
- xvii. Nutren Junior
- xviii. PediaSure with Fiber, PediaSure 1.5 with Fiber
- xix. PediaSure, PediaSure 1.5 Cal
- xx. PediaSure Peptide, PediaSure Peptide 1.5 Cal
- xxi. Peptamen
- xxii. Peptamen Junior
- xxiii. Portagen Powder
- xxiv. PurAmino Toddler
- xxv. Similac Go and Grow
- xxvi. Suplena
- xxvii. Vivonex Pediatric

Qualifying Conditions

3. Women and Children Issued Food Package III

Women and children eligible for Food Package III must have a documented qualifying condition as documented by a HCP on the Maryland WIC Medical Documentation Form or prescription note that requires the use of an infant formula or WIC-eligible nutritional because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. **All Food Package III requests are subject to approval by the Local Agency CPA.**

a. Qualifying conditions include, but are not limited to:

- i. premature birth,
- ii. low birth weight,
- iii. failure to thrive,
- iv. inborn errors of metabolism,
- v. gastrointestinal disorders,
- vi. malabsorptive syndromes,
- vii. immune system disorders,
- viii. severe food allergies that require elemental formulas,
- ix. life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutritional status.

Non-qualifying Conditions

Federal Regulations prohibit the issuance of Food Package III for non-qualifying medical conditions. **Food Package III shall NOT be issued** for the purpose of;

- i. A non-specific formula or food intolerance;
- ii. Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages (e.g., lactose-free milk or soy beverage to replace cow's milk).
- iii. Enhancing nutrient intake or managing body weight without an underlying qualifying condition.

Quantity and Types

Quantity

Federal WIC Regulations define the maximum monthly allowance (MMA) as the maximum amount of WIC-eligible nutritionals or infant formula WIC shall provide for a woman or a child in Food Package III. The MMA is 910 fluid ounces per month (approximately 30 fluid ounces per day) for all types of WIC-eligible nutritionals or infant formula (concentrate, powder, or ready-to-feed [RTF]) issued to women or children in Food Package III.

Quantity of the WIC-eligible nutritional or infant formula provided shall be customized to a volume that at least meets and most closely matches the volume of formula consumed, up to the maximum volume allowed per WIC regulations.

3.03A Standard Dilutions and Calorie Levels for Select WIC-Eligible Nutritionals

Key: PWD: Powder LCN: Liquid Concentrate RTF: Ready-to-Feed

Calorie Level at Standard Dilution for Select Powder and Liquid Concentrate WIC-Eligible Nutritionals

Product Name	Form	Calorie Level at Standard Dilution
Alfamino Junior	PWD	30 kcal/fl. oz.
EleCare for Infants	PWD	20 kcal/fl. oz.
EleCare Junior	PWD	30 kcal/fl. oz.
Enfagrow Next Step	PWD	20 kcal/fl. oz.
Enfagrow Toddler Transitions	PWD	20 kcal/fl. oz.
Gerber Good Start Soy, Stage Three	PWD	20 kcal/fl. oz.
Neocate Infant	PWD	20 kcal/fl. oz.
Neocate Junior	PWD	30 kcal/fl. oz.
Neocate Junior with Prebiotics	PWD	30 kcal/fl. oz.
Nutramigen Toddler	PWD	30 kcal/fl. oz.
Pepdite Junior	PWD	30 kcal/fl. oz.
Peptamen	PWD	30 kcal/fl. oz.
Peptamen Junior	PWD	30 kcal/fl. oz.
Portagen	PWD	30 kcal/fl. oz.
PurAmino Infant	PWD	30 kcal/fl. oz.
PurAmino Toddler	PWD	30 kcal/fl. oz.
Similac Go and Grow	PWD	19 kcal/fl. oz.
Vivonex Pediatric	PWD	24 kcal/fl. oz.

3.03A Standard Dilutions and Calorie Levels for Select WIC-Eligible Nutritionals

Calorie Level of Select Ready-to-Feed WIC-Eligible Nutritionals		
Product Name	Form	Standard Calorie Level
Boost Kid Essentials 1.0 Cal	RTF	30 kcal/fl. oz.
Boost Kid Essentials 1.5 Cal	RTF	45 kcal/fl. oz.
Boost	RTF	30 kcal/fl. oz.
Boost Plus	RTF	45 kcal/fl. oz.
Boost High Protein	RTF	30 kcal/fl. oz.
Boost Breeze	RTF	30 kcal/fl. oz.
Boost Kid Essentials 1.0 Cal	RTF	30 kcal/fl. oz.
Bright Beginnings Soy Pediatric Drink	RTF	30 kcal/fl. oz.
Enfaport	RTF	30 kcal/fl. oz.
Ensure	RTF	30 kcal/fl. oz.
Ensure Plus	RTF	45 kcal/fl. oz.
Ensure with Fiber	RTF	30 kcal/fl. oz.
Ensure Clear	RTF	30 kcal/fl. oz.
Jevity	RTF	30 kcal/fl. oz.
Neocate (EO28) Splash	RTF	30 kcal/fl. oz.
Neocate Splash	RTF	30 kcal/fl. oz.
Nepro	RTF	60 kcal/fl. oz.
Nutren	RTF	30 kcal/fl. oz.
Nutren Junior	RTF	30 kcal/fl. oz.
PediaSure	RTF	30 kcal/fl. oz.
PediaSure 1.5 Cal	RTF	45 kcal/fl. oz.
PediaSure with Fiber	RTF	30 kcal/fl. oz.
PediaSure 1.5 with Fiber	RTF	45 kcal/fl. oz.
PediaSure Peptide	RTF	30 kcal/fl. oz.
PediaSure Peptide 1.5 Cal	RTF	45 kcal/fl. oz.
Pediasure Enteral Formula	RTF	30 kcal/fl. oz.
Pediasure with Fiber Enteral Formula	RTF	30 kcal/fl. oz.
Suplena	RTF	60 kcal/fl. oz.

Infant Formulas for Children

Toddler Formulas

Examples:

Enfagrow Toddler Transitions

Enfagrow Next Step

Gerber Good Start Stage 3

Nutramigen Toddler

Similac Go & Grow

Comments:

Medical documentation form
required

Only issued to ≥ 12 months of
age

For children born premature, developmentally delayed or need a product in which a comparable child version does not exist, ***an infant formula may be appropriate for a child.***

WIC-Eligible Nutritionals for Children

Medical documentation form required

WIC Eligible Nutritionals for Children

Boost Breeze

Boost Kid Essentials (1.0, 1.5),

Bright Beginnings Soy Pediatric Drink

Pediasure (1.0, 1.5)

Pediasure with Fiber (1.0, 1.5)

Nutren Junior,

Nutren Junior with Fiber

Products:

Kcal level (30-45 kcal/oz)

Flavor preference

Milk, Soy or juice based

With or without Fiber

Peptide-Based Products

Peptamen Junior 1.0, 1.5 Cal

Peptamen Junior with Prebiotics

Peptamen Junior Fiber 1.0, 1.5

PediaSure Peptide 1.0, 1.5 Cal

Comments:

30-45 kcal/oz

Protein is in peptide chains

Whey-based, not for milk-protein allergies

WIC-Eligible Nutritionals for Women

High-Calorie WIC-Eligible Nutritionals

Ensure (High Protein, Plus)

Ensure Clear

Boost, (High Protein, Plus)

Boost Breeze

Nutren (1.0, 1.5, 2.0)

Nutren with Fiber

Peptide-Based Products

Peptamen

Product requested depends on:

Kcal level (30-45 kcal/oz)

Flavor preference

Milk, Soy or juice based

With or without Fiber, Protein

WIC-Eligible Nutritionals for Children

Medical documentation form required

Semi-Elemental

Example:

Pepdite Junior

Comments:

30 kcal/oz

Protein is 44% amino
acids & non milk protein
peptide chains

35% MCT Oil

Elemental:

Examples:

EleCare Junior: 33% MCT oil

Neocate Junior 35% MCT oil

Alfamino Junior 65% MCT oil

Puramino Toddler 33% MCT oil

E028 Neocate Splash 35% MCT oil

Neocate Splash 35% MCT oil

Vivonex Pediatric 69% MCT oil

Comments:

30 kcal/oz (Vivonex 24 kcal/oz)

Protein broken down into amino-acids

Fat partially broken down as MCT oil

Food	Category	Medical Documentation	Section Three of MDF: WIC Food Requests States:
Whole Milk	Women C2-C4	Always required	"WIC professional may determine WIC foods and amounts" OR "Whole milk for woman or child (≥ 2 years)"
2% Milk	C1 ONLY	Required only if receiving a WIC-eligible nutritional	"WIC professional may determine WIC foods and amounts" OR "Reduced-fat (2% milk) for one year old child"
Soy/Tofu	Women	Per client request (no MDF required)	"WIC professional may determine WIC foods and amounts" OR "Issue soy beverage and/or tofu to replace milk and/or cheese"
	C1-C4	Required only if receiving a WIC-eligible nutritional	
Infant F&V	Women C1-C4	Always required. Must request specifically in Section two or Section three	"WIC professional may determine WIC foods and amounts" OR "Issue infant fruits and vegetables to a woman or a child"

The Zika Virus



Zika virus is generally asymptomatic or mild; however, Zika infection during pregnancy can cause serious birth defects.

Zika virus is primarily spread through the bite of an infected mosquito. It can also be sexually transmitted.

As of now, all Zika cases in Maryland have been related to travel and sexual transmission. There has been no local transmission from Maryland mosquitoes.



Act Now!

Zika mosquitoes breed in containers of water of all sizes. Empty all containers of standing water, including buckets, planters, toys, birdbaths, flowerpots, bottles, bottle caps and tires.

Avoid mosquito bites. Apply insect repellent, wear lightweight pants and long-sleeved shirts, and keep window screens in good condition.

Mosquito Control technicians are here to help. Please cooperate if you see them on your property.

www.dhmfh.maryland.gov





The Zika virus is spread primarily through the bite of certain species of infected *Aedes* mosquitoes.
Prevent mosquito bites by eliminating all containers of standing water around your yard.

www.mda.maryland.gov/zika

The Zika virus is spread by the *Aedes* mosquito



View the DHMH Zika Town Hall at:
<https://youtu.be/1xpcuDHsGK8>

For more information, please visit:
<http://phpa.dhmfh.maryland.gov/pages/zika.aspx>

If you have a question about Zika that is not answered by any of the sites listed, you can send your question to:
Zika.Questions@maryland.gov

Please visit
these sites
often.
Information is
updated
frequently.

Thank you to the members of
the HCP Webinar Workgroup!

Jennifer Barr
Donna Dennis
Mary Kalscheur
Shannon Meadows

Thank you!

Call for more information

1-800-242-4942

www.mdwic.org

dhmh.wic@maryland.gov